AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT
for the

District of Oregon

GAVRIEL GREEN®	))))))
Plaintiff(s)	)
v.	) Civil Action No. **3:24–cv–01509–SB**
VOLCANO HARLEY-DAVIDSON	)))))
Defendant(s)	)

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

> **VOLCANO HARLEY-DAVIDSON**
> c/o TMCRC, Inc.
> 3205 Eagle Crest DR NE, Suite 105
> Grand Rapids, MI 49525

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:
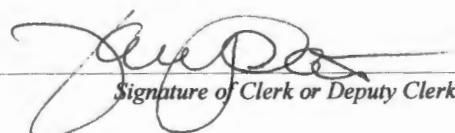
> GAVRIEL GREEN®
> c/o 332 NE 24th Avenue
> Portland, Oregon 97232

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: ___**APR 0 8 2025**___

Signature of Clerk or Deputy Clerk

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	COURT CASE NUMBER
GAVRIEL GREEN®	3:24-cv-01509-SB

DEFENDANT	TYPE OF PROCESS
VOLCANO HARLEY-DAVIDSON	Summons and Complaint

SERVE AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

TMCRC, Inc.

ADDRESS *(Street or RFD, Apartment No., City, State and ZIP Code)*
3205 Eagle Crest DR NE, Suite 105, Grand Rapids, MI 49525

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
GAVRIEL GREEN® c/o 332 NE 24th Avenue Portland, Oregon 97232	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	1
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):*

Signature of Attorney other Originator requesting service on behalf of:		TELEPHONE NUMBER	DATE
Gavriel Green, agent	☒ PLAINTIFF ☐ DEFENDANT	386.334.9421	April 7, 2025

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. *(Sign only for USM 285 if more than one USM 285 is submitted)*	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date

I hereby certify and return that I ☐ have personally served , ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above *(See remarks below)*

Name and title of individual served *(if not shown above)*	Date	Time	☐ am ☐ pm
Address *(complete only different than shown above)*	Signature of U.S. Marshal or Deputy		

Costs shown on attached USMS Cost Sheet >>

REMARKS

Form USM-285
Rev. 03/21